



SENIOR COMPANION VOLUNTEER APPLICATION FORM

Name (Typed or Printed) _____

Date of birth: _____ City / State / Country of Birth: _____

Physical Address: _____

Email Address: _____

Phone Number: _____

Physical Condition: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Please Explain: _____

Contact in case of Emergency:

Name: _____

Address: _____

Phone #: _____

Relationship: _____

Beneficiary:

Name: _____

Address: _____

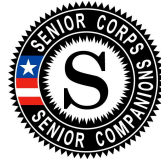
Phone #: _____

Relationship: _____

Why would you like to be a Senior Companion Volunteer?

How did you hear about the Senior Companion Program?

Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No



Do you have your own means of transportation? ☐ Yes ☐ No
Valid Drivers License? ☐ Yes ☐ No
Current auto insurance? ☐ Yes ☐ No

Valid Drivers License and current proof of insurance will be required before transportation of clients or reimbursement of mileage.

If not what kind of transportation do you plan to use?

List Hobbies and Special Skills:

What languages do you speak? _____

Have you ever been *arrested, charged or convicted* of a misdemeanor and/or felony?

☐ Yes ☐ No

If yes, please describe _____

Do you consent to the Senior Companion Project arranging for a criminal history check in accordance with the Federal requirements for the Senior Companion Program?

☐ Yes ☐ No

Please list Two character references

Name

Address

City

Phone

1. _____

2. _____

I understand that a background check will be conducted prior to volunteer placement. I understand that information collected during this background check will be limited to information which is appropriate in determining my suitability for volunteer service in the Senior Companion Program and that all information collected will be kept confidential.

If I am enrolled as a volunteer, I agree to comply with all Senior Companion Program policies. The Senior Companion Program was established by the Domestic Volunteer Act of 1973 and adheres to volunteer requirements published in the Federal Register. I understand that providing false, incomplete, or misleading information will result in immediate dismissal from the Senior Companion Program.

YOUR SIGNATURE:

Date: _____

Senior Companion Program 2020 Income Eligibility Levels To Earn Hourly Stipend

The chart below is designed to help you decide whether or not you will qualify, based on your current income, to become a stipend volunteer. Stipend volunteers receive approximately \$150-\$400 a month, dependent on the number of hours served. This hourly stipend is non-taxable, and **is not considered income**. All stipend volunteers must be willing to serve a *minimum* of 15 hours each week – no exceptions. (An important fact to keep in mind: because the hourly stipend is not considered income, by law, it cannot be factored into income for loan applications.)

Please fill out the enclosed “Income Eligibility” (blue) form to see if your income qualifies you to become a stipend volunteer with the Senior Companion Program. ***If your income is over the maximum allowed***, be sure to deduct any allowed medical expenses as explained on the back of the “Income Eligibility” form.

Family Unit Size	Maximum Annual Income Allowed to Qualify for Hourly Stipend	Maximum Medical Deduction Allowed
1	\$25,520	\$15,312
2	\$34,480	\$20,688
3	\$43,440	\$26,064
4	\$52,080	\$31,248
5	\$60,720	\$36,432
6	\$69,360	\$41,616

**Please call with any questions and/or concerns
about this part of the application process**

What is considered income for determining volunteer eligibility?

According to Section 2551.44 of the Senior Companion Program Regulations:

- (a) For determining eligibility, "income" refers to total cash or in-kind receipts before taxes from all sources including:
 - (1) Money, wages, and salaries before any deduction, but not including food or rent in lieu of wages;
 - (2) Receipts from self-employment for from a farm or business after deductions for business or farm expenses;
 - (3) Regular payments for public assistance, Social Security, Unemployment or Workers Compensation, strike benefits, training stipends, alimony, child support, and military family allotments, or other regular support from an absent family member or someone not living in the household;
 - (4) Government employee pensions, private pensions, and regular insurance or annuity payments; and
 - (5) Income from dividends, interest, net rents, royalties, or income from estates and trusts.
- (b) For eligibility purposes, income does not refer to the following money receipts:
 - (1) Any assets drawn down as withdrawals from a bank, sale of property, house or car, tax refunds, gifts, one-time insurance payments or compensation from injury.
 - (2) Non-cash income, such as the bonus value of food and fuel produced and consumed on farms and the imputed value of rent from owner-occupied farm or non-farm housing.
 - (3) Per capita payments from certain tribal trust settlements. The IRS provides more information on these settlements, including a list of eligible tribes.

What are allowable medical expenses that may be deducted from income?

According to the Senior Companion Program Regulations, Section 2551.43(c):

Allowable medical expenses are annual out-of-pocket medical expenses for health insurance premiums, health care services, and medications provided to the applicant, enrollee, or spouse which were not and will not be paid by Medicare, Medicaid, other insurance, or other third party pay or, and ***which do not exceed 50 percent of the applicable income guideline.***

Examples of allowable out-of-pocket medical expenses:

Health Insurance Costs:

Private Insurance, Medicare/Medicaid Premiums, Long Term Care Insurance premiums, Co-payments and Deductibles

Prescription Drugs:

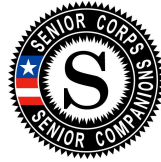
Pharmacy Program Co-payments and Deductibles

Medical Bills for Dr. Visits:

Included, but not limited to: Medical Care, Dental Care, Vision Care

Other out-of-pocket Medical expenses:

One time medical expense; equipment (supplies for dentures, hearing aids, eyeglasses, wheelchairs, canes, etc.); Over the counter drugs and supplies (pain relievers, antacids, hearing aid batteries, vitamins, non-prescription eye glasses)



Income Eligibility

To receive stipend a volunteer may not have an annual income from all sources, after deducting allowable medical expenses, which exceeds the program's income eligibility guideline. Annual income is to be counted for the *past 12 months* for serving volunteers and is *projected* for the next 12 months for new applicants.

Name: _____ Primary Phone: _____ Birth Date: _____

Number in household: _____ Martial Status: ☐ Married ☐ Widow(er) ☐ Single ☐ Divorced

SOURCE OF INCOME IF MARRIED COMBINE BOTH INCOMES, IF LIVING IN SAME RESIDENCE	MONTHLY INCOME	YEARLY INCOME
Salary/Wages	\$	\$
Social Security Benefits	\$	\$
Supplemental Security Income (SSI)	\$	\$
Pension	\$	\$
Income from Annuities / Pension	\$	\$
Net Rental Income	\$	\$
Interest Received / Income from Stocks and Bonds	\$	\$
Alimony	\$	\$
Other: See back for list of countable income	\$	\$
TOTAL	\$	\$

OUT-OF-POCKET MEDICAL EXPENSES	MONTHLY AND/OR ONE TIME MEDICAL	YEARLY MEDICAL
Health Insurance Costs	\$	\$
Prescription Medications	\$	\$
Eyeglasses / Contact Lenses / Hearing Aids / Dentures	\$	\$
Other: See back for allowable deductions	\$	\$
Up to 50% of the maximum qualifying amount can be deducted TOTAL	\$	\$



I certify that the information provided is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as a Senior Companion.

Volunteer Signature

Date

Program Staff Signature

Date

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Total yearly income \$ _____

Minus total allowable medical: - _____

Total Yearly Adjusted Income: \$ _____

Qualifying Income Level: \$ _____